

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155605		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/20/2011	
NAME OF PROVIDER OR SUPPLIER GRANDVIEW HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1959 E COLUMBUS ST MARTINSVILLE, IN 46151			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00098262 and IN00098541.</p> <p>Complaint IN00098262- Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00098541- Substantiated with no deficiencies related to the allegation cited.</p> <p>Survey date: October 20, 2011</p> <p>Facility number: 000400 Provider number: 155605 AIM number: 100266880</p> <p>Survey team: Kimberly Perigo, RN (TC) Patti Allen, BSW Marcy Smith, RN</p> <p>Census bed type: SNF: 05 SNF/NF: 58 Total: 63</p> <p>Census payor type: Medicare: 07 Medicaid: 52 Other: 04 Total: 63</p> <p>Sample: 03</p> <p>Grandview Health & Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Investigation of Complaints IN00098262 and IN00098541. Quality review completed on October 24, 2011 by Bev Faulkner, RN			F 000			